PYC/SB/81 (01-06)

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CORRESPONDENCE ADDRESS INDICATION FORM Title Stern catheter system Art Unit 3738 Examiner Name Pedegrano, Brien E. Attorney Docket Number: 31685-2060 Attorney Docket Number: 71040 Practitioners associated with the Customer Number: 71040 Practitioners associated with the customer Number: 71040	
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Examiner Name Pedegrato, Brief E. Attemy Docket Number 31685-2660 hereby revoke all previous powers of attorney given in the above-identified application. hereby appoint: Practitioners associated with the Customer Number: OR Practitioner(s) named below:	
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s my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United State	
lease recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number:	
OR	
71040	
The address associated with Customer Number:	
Firm or	
Individual Name	
Address	
City State Zip	
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and the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.	_
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record	
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of the company of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms gnature is required, see below?	s if more than one

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